

FORM D

PROCESS!NG

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB	APPROV	AL
OMB Numb	per: 3	235-0076
Expires:	April :	30, 1991
Estimated		
hours per r	9500nse	16.00

SEC US	SE ONLY
Prefix	Serial
DATE R	ECEIVED

Name of Offering (check		•	anged, and inc	dicate change.)		
	TOUR 2 LIMITED PART					
Filing Under (Check box(es) the	hat apply): Rule 504	□ Rule 505	⊠ Rule 506	☐ Section 4(6)	□ ULOE	
Type of Filing: New Filing	ng 🗆 Amendment	_				
	A. BASIC	IDENTIFICA	TION DATA			
1. Enter the information reque	ested about the issuer					
Name of Issuer (check if	this is an amendment and o	ame has chang	ed, and indica	ate change.)		
the Mamma Mia! USA	Tour 2 Limited Part	nership				
Address of Executive Offices	(Number and St	rect, City, Stat	e, Zip Code)	Telephone Numb	er (Including	Area Code)
c/o Nina Lannan Ass 1450 Broadway, Suit	ociates Le 2011, New York, N	Y 10018		(212) 221	-1122	_
Address of Principal Business (if different from Executive O	Operations (Number and St		e, Zip Code)	Telephone Numb	झ (Including	Area Code)
Brief Description of Business	Production of U.S. work entitled "Man		production	of the dram	atico-mu:	sical PACECE
Type of Business Organization						The Control of the Control
□ corporation ,		already forme	d	Other (please sp	ecify)	HH 1 7 2002
D business trust	☐ limited partnership,	to be formed		C office of	,,,,,	902
Actual or Estimated Date of I	•				stimated	THOMSON FINANCIAL
Jurisdiction of Incorporation of		letter U.S. Pos nada: FN for o			e: N	Y

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Fallure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely,

	A BACC TOTAL			
2. Enter the information requested for the		TFICATION DATA		
• Each promoter of the issuer, if the	_	ed within the nact five ver	arc:	
• Each beneficial owner having the po		•		or more of a class of
securities of the issuer;		. ·		, ,
• Each executive officer and director o	f corporate issuers and c	of corporate general and n	nanaging partne	rs of partnership issuers; and
Each general and managing partner	of partnership issuers.			
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual)			,	
Littlestar Services (USA To	our 2), Inc.			
Business or Residence Address (Number		Zip Code)		
<u>c/o Nina Lannan Associates</u> ,	1450 Broadway.	Suite 2011. New	York, NY	10018
Check Box(es) that Apply: Promoter	☐ Beneficial Owner		☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				· · · · · · · · · · · · · · · · · · ·
Craymer, Judy Sarah Jarman				
Business or Residence Address (Number	and Street, City, State,	Zip Code)		
_64 Princedale Road, London	Wll 4NL, England	ł		•
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State,	Zip Code)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Oeneral and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State,	Zip Codé)	<u></u>	· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State,	Zip Code)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State,	Zip Code)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State,	Zip Code)		

				B . I	NPORMA'	TION ABO	DUT OFFI	ERING					
i. Has	the issuer :	sold, or da	es the issi	ier intend	to sell, to	non-accre	dited inves	tors in thi	offering?	·		Yes	No Ø
							n 2, if filin						24
2. Wha	t is the mi	nimum inv			- •		ndividual?					. s N/	A
								•				Yes	No
3. Does	the offeri	ng permit	joint own	ership of a	single uni	t?							
sion to be list t	or similar r : listed is as he name of	emuneration associate the broke	on for solid d person d er or deale	citation of or agent of r. If more	purchasers a broker o than five (in connect or dealer re 5) persons	I be paid o ion with sa egistered w to be liste ealer only.	des of securith the SE of are asso	rities in the C and/or s	offering. with a state	If a persor or states	ר י	
Full Name	(Lasi nan	ne first, if	individual)								 	
					N/A								
Business c	r Residenc	e Address	(Number	and Street	, City, Sta	te, Zip Co	ode)			·			
•												•	
Name of	Associated	Broker or	Dealer							· · · · · · · ·			
States in V	Which Pers	on Listed	Has Solic	ited or Int	ends to So	licit Purch	asers						
(Check	"All States	or chec	k individu	al States)									iales
(AL)	[AK]	[AZ]	[AR]	[CA]	(CO)	(CT)	[DE]	[DC]	[FL]	[GA]	(Hi)	ן וטון	
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	r Residenc			and Street	, City, Sta	ite. Zip Co	ode)						
States in V	Which Pers	on Listed	Has Solic	ited or Int	ends to So	licit Purch	nasers						
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(MT)		1 \ 1 3 1				1071	[VA]	fW A 1	IWVI	(WI)	(WV)	(PR)	
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
[RI] Full Name	(Last nar	ne first, if	individua	1)	(O1)			[WA]	[WV]	(WI)	(WY)	[PR]	
[RI] Full Name Business o	(Last nar	ne first, if	individua (Number	1)				[WA]	[WV]	(WI)	(WY)	[PR]	
[R]] Full Name Business of	e (Last name) or Residence Associated	ne first, if ce Address Broker or	individua (Number Dealer	and Street		ite, Zip C	ode)	[WA]	[WV]	(WI)	(WY)	[PR]	
[R]] Full Name Business c Name of a	e (Last name) or Residence Associated Which Per-	ne first, if ce Address Broker or son Listed	individua (Number Dealer	and Street	ends to So	ite, Zip C	ode)	[WA]	[WV]	(WI)	(WY)	[PR]	
[R]] Full Name Business of Name of A States in V (Check [AL]	e (Last name) or Residence Associated Which Per- "All State [AK]	Broker or son Listed [AZ]	(Number Dealer Has Solice k individue [AR]	and Street ited or Int (CA)	ends to So	olicit Purci	ode)	{DC	(FL)	{GA}	(ні)	□ All 5	States
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[R]] Full Name Business of Name of A States in V (Check [AL]	e (Last name) or Residence Associated Which Per- "All State [AK]	Broker or son Listed [AZ]	(Number Dealer Has Solice k individue [AR]	and Street ited or Int (CA)	ends to So	olicit Purci	ode)	{DC	(FL)	{GA}	(ні)	□ All 5	States

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering. check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt **S**____0_ 0 ☐ Common ☐ Preferred Partnership Interests \$_____ \$ Other (Specify ____ Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchases Investors 0 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold Type of offering Rule 505 S N/A S N/A Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future confingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 0 Transfer Agent's Fees Printing and Engraving Costs 1,000 **c** 5,000 Legal Fees > 1.500Accounting Fees Engineering Fees

Sales Commissions (specify finders' fees separately).

Total

Other Expenses (identify) ___

S__0

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE	OF PROCI	EDS		
τ	b. Enter the difference between the aggregate offering price given in response to Part C - ion I and total expenses furnished in response to Part C - Question 4.a. This difference 'adjusted gross proceeds to the issuer."	is th	e		S_ 2	4,992,500
•	indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furn estimate and check the box to the left of the estimate. The total of the payments listed must be adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b a	ish ar equa	n .1	to		
			Officers, Directors, Affiliate	&	P	ayments To Others
	Salaries and fees		0	🛭	S	10,000
	Purchase of real estate		0	□	s	0
	Purchase, rental or leasing and installation of machinery and equipment		0	0	s_ _	0
	Construction or leasing of plant buildings and facilities		0	0	s	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		. 0	П	•	0
	Repayment of indebtedness					
	Working capital					
	Other (specify):					
		_				
			0	_ 0	s	0
	Column Totals		<u> </u>	🛭	s <u>4</u>	,992,500
	Total Payments Listed (column totals added)			4,992		
	D. FEDERAL SIGNATURE					
follo	issuer has duly caused this notice to be signed by the undersigned duly authorized person wing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities at of its staff, the information furnished by the issuer to any non-accredited investor pur	nd E	kchange Con	amission	, upo	on written re
	r (Print or Type) Signature		I	Date		
	Mamma Mia! USA Tour 2 Limited / Mamma Mia! USA Tour 2 Limited	1	\sim	1.	1/20	0/01
Nan	e of Signer (Print or Type) Title of Signer (Print or Type)					
	tlestar Services (USA Tour 2), Inc. Secretary of Gene	ral	Partner		=	

Partnership Name (Print or Type) Littlestar Services (USA Tour 2), Inc. Secretary of General Partner	E. STATE SIGNATURE	
2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice of Form D (17 CFR 239.500) at such times as required by state law. 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) the Mamma Mia! USA Tour 2 Limited Partnership Name (Print or Type) Littlestar Services (USA Tour 2), Inc. Secretary of General Partner		
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Partnership Name (Print or Type) Littlestar Services (USA Tour 2), Inc. Secretary of General Partner		
Partnership Name (Print or Type) Littlestar Services (USA Tour 2), Inc. Secretary of General Partner	limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notification.	at the issuer claiming the availabilit
Littlestar Services (USA Tour 2), Inc. Secretary of General Partner	limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notification and endorsigned duly authorized person. Issuer (Print or Type) Signature	at the issuer claiming the availabilit
I /Secretary of General Partner	limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notification and knows the contents to be true and has duly caused this notification and knows the contents to be true and has duly caused this notification and knows the contents to be true and has duly caused this notification and knows the contents to be true and has duly caused this notification and knows the contents to be true and has duly caused this notification and knows the contents to be true and has duly caused this notification. Issuer (Print or Type) Issuer (Print or Type) The Mamma Mia! USA Tour 2 Limited	at the issuer claiming the availabilities to be signed on its behalf by the
	limited Offering Exemption (ULOE) of the state in which this notice is filed and understands the of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notion undersigned duly authorized person. Issuer (Print or Type) the Mamma Mia! USA Tour 2 Limited Partnership Name (Print or Type) Title (Print or Type)	at the issuer claiming the availabilities to be signed on its behalf by the
	limited Offering Exemption (ULOE) of the state in which this notice is filed and understands the of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notion undersigned duly authorized person. Issuer (Print or Type) the Mamma Mia! USA Tour 2 Limited Partnership Name (Print or Type) Littlestar Services (USA Tour 2). Inc.	Date 11/20/01

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.